Fill in this information to identify	your case:		ÇL	ERK.	
Debtor 1 DEBOLAN	AN W	Bachus	FASTERN	THICY COURT DISTRICT OF YORK	
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name	2017 APR 2	26 P 2: 09	
United States Bankruptcy Court for the: Case number (If known)			Check in	EikVED ended filing	
Official Form 106I			☐ A supp	plement showing post e as of the following of	
Schedule I: You	ır Income		141111 7		12/15
te as complete and accurate as poupplying correct information. If you are separated and your spou eparate sheet to this form. On the	ou are married and not fi use is not filing with you, top of any additional pa	ling jointly, and your s , do not include inform	pouse is living with y ation about your spo	ou, include informationse. If more space is n	n about your spous eeded, attach a
Fill in your employment information.		Debtor 1		Debtor 2 or non-f	ling spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	Employed Not employed		☐ Employed ☐ Not employed	
Include part-time, seasonal, or self-employed work. Occupation may include student	Occupation	REALTOR	•	·	
or homemaker, if it applies.	Employer's name	SEIF E	nployed.		
	Employer's address	Number Street		Number Street	
			· · · · · · · · · · · · · · · · · · ·		
			ate ZIP Code	City	State ZIP Code
	How long employed the	ere?			
Estimate monthly income as of spouse unless you are separated if you or your non-filing spouse habelow. If you need more space, a	the date you file this for .	er, combine the informa		•	,
í			For Debtor 1	For Debtor 2 or non-filing spouse	
List monthly gross wages, sal deductions). If not paid monthly,			\$	\$	
3. Estimate and list monthly over	rtime pay.	3	+\$	+ \$	•
4. Calculate gross income. Add li	ne 2 + line 3.	101,938 4	s 1000000	\$	مادر دام
hop 33	1519.	as assessmentally and only representative representative on a	1	THE PROPERTY OF THE PARTY OF TH	ns snown

Official Form 106I

Schedule I: Your Income

page 1

1 DEBOYAH ANN BACCHUS First Name Middle Name Last Name		Case number (if kno	
		For Debtor 1	For Debtor 2 or non-filing spouse
opy line 4 here	4.	\$	\$
st all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a.	¢	\$
b. Mandatory contributions for retirement plans	5b.	·	\$
c. Voluntary contributions for retirement plans	5c.	\$	¢
id. Required repayments of retirement fund loans	5d.	•	\$
e. Insurance	5e.	\$ -0-	9
of. Domestic support obligations	5f.	. 0	\$ ©
· · ·		\$ \(\sigma \)	· •
ig. Union dues	5g.		¥
h. Other deductions. Specify:	5h.	+\$	+ \$
Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$	\$
Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	\$
ist all other income regularly received:			
a. Net income from rental property and from operating a business,			
profession, or farm			
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.		\$
8b. Interest and dividends	8b.	s - 0 -	\$
3c. Family support payments that you, a non-filing spouse, or a depende regularly receive	nt	· · · · · · · · · · · · · · · · · · ·	· <u></u>
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$ ~ D .	\$
Bd. Unemployment compensation	8d.	· C~2	\$
Se. Social Security	8e.	\$0~	\$
Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	ice 8f.	sO'	\$
8g. Pension or retirement income	8g.	s ~ D'	•
	-	-7-	4
Bh. Other monthly income. Specify:	8h.	+\$	+\$
dd all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	\$
alculate monthly income. Add line 7 + line 9. dd the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$ <u>-0</u> -	+ _ \$ = \$
state all other regular contributions to the expenses that you list in Scheo	iule .	J.	
clude contributions from an unmarried partner, members of your household, yends or relatives.			mmates, and other
o not include any amounts already included in lines 2-10 or amounts that are	not a	vailable to pay exper	ses listed in Schedule J.
Specify:			11. 🛨 💲

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies

12. Combined

monthly income

13. Do you expect an increase or decrease within the year after you file this form?

Yes. Explain:

		**	TIFEK - CUST		
Fill in this i	nformation to identify y	Our case.	PTCY COURT		
Fill III this t			VORK VORK		
Debtor 1	DEBO(NH) Arst Name	Middle Name Last Name	Check if the	s is:	
Debtor 2		Middle Norm	MIT APR 25 An amer	nded filing	
(Spouse, if filing		Middle Name Last Name		ement showing postp	
United States	Bankruptcy Court for the:	District of	RECEIVER	s as of the following	date:
Case number (If known)		11(15	MM / DD	/ YYYY	
					
Official	Form 106J	•			
Sched	dule J: You	ır Expenses			12/15
information.		ssible. If two married people are filing, attach another sheet to this form			
		Senoiu			
1. Is this a jo					
No. G	o to line 2. oes Debtor 2 live in a se	eparate household?			
	No	05 115 40010 5 6-0	anneste Henry sheld of Debter 0		
<u> </u>	Yes. Debtor 2 must file	Official Form 106J-2, Expenses for S	eparate Household of Deptor 2.	promise de quiente de la companya de	
•	ive dependents?	No	Dependent's relationship to	Dependent's	Does dependent live
Do not list Debtor 2.	Debtor 1 and	Yes. Fill out this information for each dependent	Debtor 1 or Debtor 2	age	with you?
Do not stat	te the dependents'	•			□ No □ Yes
names.				# #	☐ No
					Yes
t					☐ No
,					☐ Yes
,				101	□ No
					Yes
•					□ No □ Yes
2 Do your o	xpenses include				
expenses	of people other than and your dependents?	No Yes			
Part 2:	stimate Your Ongoir	ng Monthly Expenses			
Estimate you	ur expenses as of your	bankruptcy filing date unless you a	re using this form as a supplen	nent in a Chapter 13 c	ase to report
expenses as applicable d		cruptcy is filed. If this is a suppleme	ental <i>Schedul</i> e <i>J</i> , check the box	at the top of the form	and fill in the
		cash government assistance if you		Your exper	
		it on Schedule I: Your Income (Offi			1363
	al or home ownership ex for the ground or lot.	xpenses for your residence. Include	first mortgage payments and	4. \$ 3/15	<u>6 — </u>
	luded in line 4:			12. 0	000.00
	al estate taxes			13.0	
	perty, homeowner's, or re			4b. \$_\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	ne maintenance, repair, a	, ,		4c. \$	
4d. Homeowner's association or condominium dues			4d. \$	2	

Debtor 1 Debut A ANN BACCHUS

First Name Middle Name Last Name

Case number (# known) 8-17-71193

			Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5 .	\$ -0-
		Э.	
6.	Utilities:		. 400-
	6a. Electricity, heat, natural gas	6a.	9
	6b. Water, sewer, garbage collection	6b.	s <u>25-</u>
	6c. Telephone, cell phone, internet, satellite, and cable services	6c.	s_403
	6d. Other. Specify:	6d.	\$
7.	Food and housekeeping supplies	7.	\$ 300 -
8.	Childcare and children's education costs	8.	\$ -0-
9.	Clothing, laundry, and dry cleaning	9.	\$
10.	Personal care products and services	10.	\$
11.	Medical and dental expenses	11.	s 100 -
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	s <u>910-</u>
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	s —D-
14.	Charitable contributions and religious donations	14.	s -
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	s _D-
	15b. Health insurance	15b.	\$ _0^
	15c. Vehicle insurance	15c.	-Co 61 8
	15d. Other insurance. Specify:	15d.	s
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: No - SELF CMP of G.	16.	\$\$
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a.	s <u>-0-</u>
	17b. Car payments for Vehicle 2	17b.	\$
	17c. Other. Specify:	17c.	\$0_
	17d. Other. Specify:	17d.	\$
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	s
19.	Other payments you make to support others who do not live with you.		0.4
	Specify:	19.	\$
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	ne.	
	20a. Mortgages on other property	20a.	\$
	20b. Real estate taxes	20b.	\$\$
	20c. Property, homeowner's, or renter's insurance	20c.	\$
	20d. Maintenance, repair, and upkeep expenses	20d.	s
	20e. Homeowner's association or condominium dues	20e.	s O -

De	btor 1 Debuy A Aww Brechus First Name Middle Name Last Name	Case number (# known)	8-17-71193
21.	Other. Specify:	21.	+\$
,22.	Calculate your monthly expenses.		
:	22a. Add lines 4 through 21.	22a.	\$ 20,081.00
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	. 22b.	\$
	22c. Add line 22a and 22b. The result is your monthly expenses.	22 c.	\$ 30,081 -
23.	Calculate your monthly net income.		. A21459-
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$ 004 311
	23b. Copy your monthly expenses from line 22c above.	23b.	-\$ 00,0812
1	23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c.	s_1438_
	Do you expect an increase or decrease in your expenses within the year after you for example, do you expect to finish paying for your car loan within the year or do you emortgage payment to increase or decrease because of a modification to the terms of you not	expect your our mortgage?	
;	Yes. Explain here: My MODIFICATION TEMS to the book tones	should in	icrean du